

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	H.A		05/25/01
O.I.P.E. CLASSIFIER	15	32	
FORMALITY REVIEW	MM	572	07-20-01
RESPONSE FORMALITY REVIEW	Request	925	09-27-01

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	4/28/01
2	✓	✓	4/28/01
3	✓	✓	4/28/01
4	✓	✓	4/28/01
5	✓	✓	4/28/01
6	✓	✓	4/28/01
7	✓	✓	4/28/01
8	✓	✓	4/28/01
9	✓	✓	4/28/01
10	✓	✓	4/28/01
11	✓	✓	4/28/01
12	✓	✓	4/28/01
13	✓	✓	4/28/01
14	✓	✓	4/28/01
15	✓	✓	4/28/01
16	✓	✓	4/28/01
17	✓	✓	4/28/01
18	✓	✓	4/28/01
19	✓	✓	4/28/01
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21	✓	✓	4/28/01
22	✓	✓	4/28/01
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26	✓	✓	4/28/01
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28	✓	✓	4/28/01
29	✓	✓	4/28/01
30	✓	✓	4/28/01
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45	✓	✓	4/28/01
46	✓	✓	4/28/01
47	✓	✓	4/28/01
48	✓	✓	4/28/01
49	✓	✓	4/28/01
50	✓	✓	4/28/01

Claim	Final	Original	Date
51	✓	✓	
52	✓	✓	
53	✓	✓	
54	✓	✓	
55	✓	✓	
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57	✓	✓	
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97	✓	✓	
98	✓	✓	
99	✓	✓	
100	✓	✓	

Claim	Final	Original	Date
101	✓	✓	
102	✓	✓	
103	✓	✓	
104	✓	✓	
105	✓	✓	
106	✓	✓	
107	✓	✓	
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141	✓	✓	
142	✓	✓	
143	✓	✓	
144	✓	✓	
145	✓	✓	
146	✓	✓	
147	✓	✓	
148	✓	✓	
149	✓	✓	
150	✓	✓	

If more than 150 claims or 10 actions  
 staple additional sheet here

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